

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400326863

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10071
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Megan Finnegan
Phone: (303) 299-9949
Fax: (303) 291-0420

5. API Number 05-045-21258-00
6. County: GARFIELD
7. Well Name: Scott Well Number: 44A-25-692
8. Location: QtrQtr: SWSW Section: 30 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 447 feet Direction: FSL Distance: 143 feet Direction: FWL
As Drilled Latitude: 39.492437 As Drilled Longitude: -107.605412

GPS Data:

Date of Measurement: 03/06/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 124 feet. Direction: FSL Dist.: 639 feet. Direction: FEL
Sec: 25 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 103 feet. Direction: FSL Dist.: 661 feet. Direction: FEL
Sec: 25 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: CO10261

12. Spud Date: (when the 1st bit hit the dirt) 02/27/2012 13. Date TD: 06/02/2012 14. Date Casing Set or D&A: 06/03/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7338 TVD** 7220 17 Plug Back Total Depth MD 7290 TVD** 7172

18. Elevations GR 5924 KB 5947
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, Triple Combo, Temp, Mud

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 24 | 14 | 36 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 768 | 240 | 0 | 787 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,336 | 1,030 | 1,690 | 7,338 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| | | | | | |

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| WILLIAMS FORK | 3,409 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,038 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 3/4 hole size was used to drill from the bottom of surface casing to 5297' then 7 7/8 hole size was drilled to TD. As drilled GPS is taken from conductor. Surface casing is set with air rig.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Megan Finnegan

Title: Permit Analyst

Date:

Email: mfinnegan@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400326875 | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Other Attachments | | | |
| 400326870 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400326871 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400326873 | LAS-TEMPERATURE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400326874 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400326876 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)